(257)

UNITED NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/L.11
26 February 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

UNICEF PROGRAMME APPROACH TO THE PREVENTION OF THE HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYDROME

SUMMARY

The acquired immune deficiency syndrome (AIDS) pandemic continues to worsen. The World Health Organization (WHO) estimates that as of 1991, there were from 5 million to 6 million men and 3 million to 4 million women that were infected with the human immunodeficiency virus (HIV), and that HIV-infected women have given birth to almost 1 million infected children. The course of the pandemic, however, can be altered. Considerable knowledge has been acquired in the last decade on both HIV and AIDS, as well as on social mobilization for preventive health practices, which can be applied on a global basis to contain the pandemic. There is an enormous challenge now facing many countries both to curb the further spread of HIV and to meet, as far as possible, the care and social service needs of individuals and families affected by AIDS.

The Executive Director recommends that UNICEF intensify and expand its support to HIV/AIDS prevention activities, working in close collaboration with Governments, WHO, bilateral agencies, non-governmental organizations (NGOs) and other partners. Efforts should focus on programmes to reduce HIV transmission among young people; information and communication to reach youth to promote informed and responsible sexual behaviour; protection of children from sexual exploitation; promotion of improved reproductive health of women and youth; a strengthened role for NGOs; and creative community-based approaches to provide the support and social services required by AIDS orphans and families affected by HIV/AIDS. UNICEF, in short, should follow a societal, behavioural, focused approach in accelerating its HIV/AIDS prevention activities.

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INTRODUCTION

1. UNICEF and its programme partners face the enormous challenge of both curbing the further spread of the human immunodeficiency virus (HIV) that causes the acquired immune deficiency syndrome (AIDS) and meeting, as far as possible, the care and social service needs of individuals and families affected by AIDS.

2. The Global Programme on AIDS of the World Health Organization (WHO) now estimates that, by the year 2000, from 30 million to 40 million adults and children will have been infected with HIV and over 1 million AIDS cases and deaths will occur annually, most of them in the developing world. While AIDS is extremely widespread in parts of Africa and the Caribbean, within a few years, new HIV infections in Asia may exceed those in Africa. However, the pandemic can be contained. Considerable knowledge has been acquired in the last decade on both HIV and AIDS, as well as on social mobilization for preventive health practices. What remains is to adapt and operationalize this experience so that it can be applied on a global basis to contain the AIDS pandemic.

3. The present report responds to Executive Board decision 1991/19 (E/ICEF/1991/15), which requested that the Executive Director report at the 1992 session on developments in the strategy and implementation of programmes to combat AIDS that had occurred since the 1989 progress report to the Board (E/ICEF/1989/L.7). The report describes briefly the status of the pandemic and reviews UNICEF-supported activities at interregional and country levels from 1989 to 1991. Major obstacles are described, and the role of UNICEF in the acceleration of global efforts to control the pandemic is presented. The report also discusses the UNICEF programme approach to HIV/AIDS-related activities and makes recommendations for future action.

I. HISTORICAL PERSPECTIVE

4. AIDS was first identified as a clinical entity in 1981 among homosexual men in several industrialized countries. In the years that followed, the causative agent, HIV, was identified and the expanding scope of the HIV/AIDS pandemic became evident. Although the virus had apparently been infecting small numbers of persons for decades, the rate of transmission began to accelerate rapidly.

5. In 1986, the increasing incidence of AIDS in Uganda led the UNICEF country office to implement the first UNICEF AIDS prevention education project. In 1987, a report was presented to the Executive Board expressing concern about the pandemic and the need to ensure appropriate sterilization of all equipment used in immunization programmes (E/ICEF/1987/CRP.9). The Executive Board encouraged greater involvement of UNICEF in combating AIDS, but also expressed caution about the potential diversion of resources from other child health interventions. At that time, many Governments were still

unaware, or denying the presence, of AIDS in their countries, and advocacy for AIDS programming was often difficult.

6. By 1988, heterosexual transmission was accepted as the predominant mode of HIV transmission in the developing world and there was increased awareness of the transmission of HIV from mothers to their children. A report to the Executive Board (E/ICEF/1988/L.7) analysed the impact of HIV/AIDS on women and children and outlined an AIDS policy and programme approach for UNICEF. By 1990, the need to combat AIDS with a multisectoral approach and the integrated efforts of many ministries became more evident to many Governments and donors. New data from regions outside Africa, particularly in Asia, made it clear that the rapid expansion of the pandemic in the developing world was not confined to the African continent. The Executive Board approved a global AIDS interregional programme with supplementary resources (E/ICEF/1990/P/L.34) to facilitate expansion of UNICEF AIDS-related activities by providing modest but flexible funding to country programmes.

7. In 1991, awareness and understanding of the disease continued to grow. WHO Global Programme estimates and projections of HIV infections and AIDS cases in the developing world were consistently revised upward. Educational strategies in many countries were evaluated and redirected to improve their effect, and UNICEF programmes in many countries began to respond to the AIDS-related education needs of street children and to the health and social service needs of affected families and AIDS orphans.

II. UNICEF-SUPPORTED ACTIVITIES, 1989-1991

A. Interregional programme

8. The UNICEF interregional programme to address the impact of AIDS on women and children, established in 1990, provided funding for prevention activities in seriously affected countries that were between programming cycles, and for innovative projects for such special target groups as street children, women affected by AIDS and AIDS orphans. The fund was also intended to strengthen UNICEF capacity to provide stronger policy and programme support to field offices and collaborating organizations.

9. The interregional programme has supported a wide range of education, advocacy and policy efforts on AIDS. The programme has also supported research, including studies on AIDS orphans, and the development of community-based risk assessment and prevention methodologies which could be used by UNICEF field offices and others. The interregional programme has also financed an audio-visual production of prevention education materials and has provided technical and other assistance to promote information and experience exchange on street children, AIDS orphans and homeless youth. Allocations from the interregional programme were made to Malawi and Uganda in 1990 and to Kenya, Madagascar, Mexico, the Niger, Uganda and Zimbabwe in 1991. In addition to interregional programme funds, country programme resources have been used to expand UNICEF participation in HIV/AIDS programming in an

increasing number of countries. A more comprehensive internal report on these activities is available from the secretariat.

B. School-based programmes

10. The major focus of UNICEF support in this area is on AIDS prevention education activities. In Kenya and Uganda, AIDS-related prevention projects constitute the major portion of UNICEF social mobilization/communication activities. Nearly all African countries assisted by UNICEF now receive some level of technical and/or financial support for AIDS prevention education.

11. Support for school health education includes preliminary surveys of students, parents and teachers regarding their knowledge and attitudes about AIDS; curriculum development; production of educational materials; training of teachers; work with school drama groups; and project evaluation. For example, in Uganda, as of the end of 1991, an estimated 2,175 teachers were trained and 30,000 primary syllabuses produced, while in Burundi, AIDS education reached 180,000 children in the fifth and sixth grades. School-based education efforts are also supported by UNICEF in Angola, Burundi, the Central African Republic, Côte d'Ivoire, Kenya, Madagascar, Malawi, the Niger, Rwanda, Thailand and the United Republic of Tanzania.

C. Out-of-school youth

12. UNICEF has also supported educational activities targeted at out-of-school youth in both urban and rural areas. In Rwanda, for example, trainers have helped youth spread messages to peers in rural areas in six experimental zones. In Burundi, over 800,000 youth will be the targets of special education efforts through communicators and video theatre. In Thailand, UNICEF developed an educational package on AIDS prevention and living with AIDS for factory youth; and in Trinidad and Tobago, in-school and out-of-school young people have received UNICEF-sponsored education through the "Body Beat", a six-part television series about AIDS.

D. Street children

13. Street children are vulnerable to HIV infection because of substance abuse and the exchange of sex for food, cash, shelter or affection. Non-governmental organizations (NGOs) report a high prevalence of sexually transmitted diseases (STDs) in street children. Many 1991 annual reports from UNICEF field offices stressed the need for systematic studies of street children, and a number of UNICEF-supported activities are already under way. For example, the UNICEF office in Côte d'Ivoire and local NGOs are training teams of street educators about STDs and HIV/AIDS; while in Rwanda, UNICEF is providing support to the joint efforts of several government ministries and other organizations, such as Caritas, the Scouts and Brothers of Christian Schools, in offering special training for youth workers. UNICEF is also

supporting activities for street children in a number of countries throughout the Latin American and Caribbean region, including in Haiti, where the Ministry of Social Affairs has instituted AIDS education for street children in Port-au-Prince, Peiton-Ville, Carrefour and Delmas.

E. Health workers

14. The training of health workers in the fundamentals of HIV transmission continues to be an important area of UNICEF support. The importance of maintaining high infection control standards, including the sterilization of needles and syringes used for immunization and other maternal and child health (MCH) care is needed to prevent hepatitis B, HIV and other infections that share the same transmission routes. Messages about AIDS are being included in ongoing health worker training, family life education, the training of traditional birth attendants (TBAs) and safe motherhood projects, among others. Other training efforts have reached such diverse groups as primary health care (PHC) workers in Honduras; nurses and the Professional Association of Women Communicators in Mali; TBAs in the Congo; social workers in Sierra Leone; and traditional practitioners, religious leaders and teachers in several other countries.

F. Community activities

15. UNICEF-supported community education activities have taken a variety of forms in many different countries. In Kenya, UNICEF supports the Christian Health Association's AIDS Prevention Project, which creates awareness among mission hospital staff, opinion leaders, community health workers, clergy, youth groups and primary and secondary school teachers. Working with soft drink distributors, trucking firms and petroleum distributors, UNICEF-assisted activities in Kenya have also demonstrated the willingness of the private sector to use new approaches to educate groups considered difficult to reach.

16. Other UNICEF country programmes have supported a wide range of activities in raising community awareness. For example, in Maldives, UNICEF has translated Facts for Life messages into the Dhivehi language to be used by the Ministry of Transport to teach sailors about AIDS prevention. In the Philippines, UNICEF has funded social mobilization efforts to expand existing AIDS efforts and has provided technical assistance to develop pilot health education projects for commercial sex workers and single young adults. In the Lao People's Democratic Republic, UNICEF has supported AIDS education efforts by the Lao Women's Union, Buddhist networks, the National Front for Reconstruction and the National Youth Movement. In China, UNICEF has supported the Chinese Association for Science and Technology in drug education and AIDS prevention programmes in Yunnan province, where 90 per cent of the country's HIV-infected individuals, mostly intravenous drug users, are found.

G. AIDS orphans

17. A UNICEF study published in 1990 outlined critical issues in the care of AIDS orphans and served as an important policy and advocacy tool. WHO estimates that there will be from 10 million to 15 million AIDS orphans globally by the year 2000. At the field level, the UNICEF office in Uganda initiated the organization's first large-scale response to the AIDS orphan problem by supporting a national coalition of NGOs in helping to strengthen government capacity to locate orphans and monitor their well-being. In several countries, including Kenya, where the number of HIV-infected babies abandoned in hospitals is increasing, and in the United Republic of Tanzania, where a study in the AIDS-affected Kagera district revealed over 48,000 orphans, UNICEF provided technical teams to develop strategies for community care. To assimilate experiences gained by African Governments and NGOs in long-term child care for abandoned or orphaned children, UNICEF has supported technical consultations and other experience exchange among government counterparts, NGO experts and WHO and UNICEF staff in the fields of child welfare and health and community organizations.

H. Social service support for women and families

18. Recognizing the socio-economic impact of AIDS at both family and national levels, UNICEF offices across Africa have begun to support important government and NGO efforts to care for individuals and families affected by AIDS. For example, UNICEF funds enabled the Christian Health Association of Kenya to establish family support teams. These funds also facilitated the establishment in Nairobi of a Working Group on Advocacy and Support for Families Affected by AIDS and supported the training of AIDS counsellors and the development of income-generating mechanisms. UNICEF has also provided support to the Society for Women against AIDS in Africa in their efforts to train home-care volunteers to assist families in distress. In Haiti, UNICEF sponsored a workshop to analyse the situation of children and adolescents affected by AIDS and provided technical assistance to a national seminar on AIDS and women to create a structure for the control of AIDS, by and for women, at the regional level.

III. CURRENT STATUS OF THE GLOBAL PANDEMIC

19. WHO estimates that as of November 1991, from 5 million to 6 million men and 3 million to 4 million women were infected with HIV. Over 1 million of these individuals developed AIDS, and most of them have died. Of the almost 1 million children who have been born HIV-infected thus far, over half of them have developed AIDS or died. Most of these children were from sub-Saharan Africa.

20. Many countries in Africa have now conducted HIV studies indicating high and rapidly increasing sero-prevalence rates. The studies have shown that 15-44-year age-group, women have higher HIV sero-prevalence rates than men.

Recent surveys of pregnant women in urban areas of some African countries indicate sero-prevalence rates of 30 per cent or more. The percentage of adult hospital beds occupied by AIDS patients in endemic areas is as high as 50 per cent. AIDS is now the second major cause of death among young adults in Côte d'Ivoire and Uganda.

21. WHO also estimates that there are already over 1 million HIV-infected persons in Asia, primarily in India and Thailand, and that the incidence throughout Asia will continue to rise. The severity of the AIDS problem in the Latin American and Caribbean region varies greatly among countries. Despite poor surveillance systems and few officially reported cases, WHO now estimates that there have already been 1 million HIV infections in this region. UNICEF offices in Paraguay, Peru and Venezuela report that the number of paediatric AIDS cases is increasing rapidly, and in Colombia, the number of reported cases nearly doubled between 1989 and 1990. Mexico continues to report the third highest incidence of AIDS in the Americas, after the United States of America and Brazil.

22. Caribbean countries continue to be hard hit by the pandemic, with over 2,500 cumulative cases of AIDS reported to WHO by the end of 1991. Over 5 per cent of these cases occurred in children, and with the continuing shift to bisexual and heterosexual transmission, women and children represent an increasing proportion of total AIDS cases. In the Dominican Republic, for example, the ratio of HIV-infected men to women shifted from 4:1 in 1983 to 2:1 in 1990. AIDS case rates, calculated with data from the Caribbean Epidemiological Center, range from less than 10 per 100,000 (Antigua and Barbuda, Belize, the British Virgin Islands, Jamaica and Montserrat) to more than 100 per 100,000 (the Bahamas, Bermuda and the Turks and Caicos Islands).

23. Owing to the relatively long duration between infection and the onset of clinical symptoms, the full social and economic impact of AIDS in Africa will not be evident until late in the present decade. It is now generally accepted, based on projections derived from maternal sero-prevalence data, that AIDS will seriously hamper the attainment of child survival goals in many African countries. WHO estimates that in the 1990s, the infant mortality rate in sub-Saharan Africa will be 30 per cent higher than it would be in the absence of AIDS. WHO further estimates that before the mid-1990s, while diarrhoea will remain the major cause of child mortality in sub-Saharan Africa, AIDS will cause more deaths in children in that region than either malaria or measles. The increase in AIDS-related child morbidity and mortality will also have important implications for the coverage, impact and acceptability of many critical child survival interventions.

IV. OBSTACLES TO OVERCOME IN THE 1990s

24. While much has been accomplished in the past decade, much more has to be done, and done more effectively. AIDS prevention has too often been approached with either denial or despair. In low-prevalence areas, the failure to recognize HIV/AIDS as a priority problem has prevented the early mobilization required to protect public health. In high-prevalence areas, the

fatalism that often accompanies the social and economic impact of AIDS sometimes obscures the urgency to prevent transmission to those not yet infected. Communities and countries that have addressed the AIDS pandemic aggressively are now beginning to experience relative success in their efforts and may provide valuable lessons for communities that have not yet begun to act.

A. Sexual behaviour patterns

25. The nature of HIV/AIDS is complex: there is as yet no vaccine, treatment or cure; there is a long interval between infection and disease, which inhibits prevention; and prevention is dependent primarily on changes in well-entrenched and highly private sexual behaviour patterns. However, while the disease and its social and economic impact are complex, the virus that causes AIDS is fragile, and its rapid spread through a community occurs either because of a substantial lack of knowledge or owing to circumstances that deprive people of control of their own sexuality. Individuals with the lowest risk of becoming infected by HIV are those who have supportive family relationships, relative social and economic security, knowledge about reproductive health and consensual sexual relations. It follows that in some societies, youths and women, particularly young women, are at highest risk of HIV infection because of their vulnerable socio-economic status. This is borne out in the analysis of much of the recent gender-specific and age-specific data from Africa. Over the last two years, many countries have experienced economic hardship, war, civil unrest, refugee movements and natural disasters. These disruptions have caused separations in families and socio-economic difficulties leading to changes in sexual behaviour conducive to the transmission of HIV.

B. Status of women and youths

26. Control of HIV transmission in the coming decades will require a balance among complementary approaches that may compete for limited technical and financial resources. The "medically focused" interventions, such as the promotion of protected sexual activity, must be complemented by non-medical "society-focused" interventions intended to promote mutual fidelity and responsible sexual behaviour, reduce gender disparity, improve the socio-economic status of women and reduce the vulnerability of youths to sexual and other exploitation. Measurable, objective indicators and goals related to the status of women and youths will be required if societal efforts are to focus on what actions are important in prevention, rather than simply on what is easily quantified. Without a concerted effort on the part of low-prevalence communities to improve the status of those most vulnerable to HIV infection, it is simply a matter of time before the rate of transmission increases and the much more costly social and economic impact of AIDS will need to be confronted.

C. Social stigma of HIV/AIDS

27. An effective balance must also be achieved regarding the allocation of resources between preventing HIV and reducing the impact of AIDS on individuals, families, health care systems and communities. Effective long-term prevention strategies require that the social stigma of AIDS be reduced. Therefore, a supportive environment must exist to promote voluntary testing and early diagnosis and to instil confidence that humane health care and social services for AIDS patients and their families will be available. People with AIDS are potentially among the most effective communicators in efforts to prevent transmission of AIDS. In a supportive environment, people who suspect that they may be HIV-infected are much more likely to seek help, and with effective peer counselling, they are more likely to modify their high-risk behaviour. In such an environment, individuals who learn that they are HIV-infected may also take the necessary steps to prevent the infection of others, to take better care of their own health and to make provisions for the future well-being of their dependants.

28. Results of a recent UNICEF-supported survey in Zaire illustrate the need for balance regarding the prevention of HIV infection and attention to care strategies. Nearly three quarters of the men and half of all women surveyed said they had changed their behaviour because of AIDS, with 93 per cent citing fear of death as the reason. On the other hand, over half of the respondents indicated that they would refuse to care for a family member with AIDS. Such polarization does not bode well for an effective community response to the future needs of HIV-infected individuals and their families and serves to discourage individuals who suspect they are HIV-positive from seeking voluntary testing and making appropriate behavioural changes.

D. Reproductive health and sexually transmitted diseases

29. If HIV transmission is to be reduced, a greater awareness among the health community and the general public of the importance of reproductive health is essential. The prevention of STDs, through mutual fidelity and a better understanding of the risks of unprotected sexual intercourse with multiple partners, must be complemented with access to condoms and affordable, confidential services for the effective diagnosis and treatment of STDs.

30. In most cultures throughout the world there is some degree of discomfort in discussing sexual health issues. As a consequence, there is a substantial lack of knowledge among both youth and adults about sexuality, fertility, conception, contraception and STDs, very often with grave consequences. STDs are a major cause of infertility, ectopic pregnancy, miscarriage and pre-term delivery, perinatal mortality and mortality among women.

31. STDs are common in some areas, where more than one in four women of reproductive age are affected at any given time. Results of a UNICEF-supported study in Zambia indicate that as many as one quarter of all perinatal deaths in the country may be a consequence of a single treatable STD

in mothers, namely syphilis While the treatable STDs, including syphilis, chancroid, chlamydia and gonorrhoea, are relatively easy to detect in men, 40 per cent or more of infected women may not have symptoms. Some symptoms of treatable STDs may be considered the normal state by some women, which further impedes identification and treatment.

32. STDs are important in HIV transmission for two major reasons. First, the presence of an STD may increase the rate of transmission of HIV tenfold. Second, the presence of an STD indicates that the infected individual is at increased risk of HIV transmission either through his or her own sexual behaviour or that of a partner. Effective STD control programmes are thus an urgent priority in high- and low-prevalence countries alike. Treatment of STDs will reduce the risk of individuals to HIV transmission and simultaneously identify those who should be given the most intensive counselling regarding prevention.

33. The health of young people will represent a particularly difficult challenge in the coming decade. The average age of onset of sexual activity in many cultures is now the early to mid-teenage years. The first episodes of sexual intercourse for many young women are unplanned, unwanted and, in many societies, may take place with much older men whom they did not choose and who are likely to have had other sexual partners. The first episode of sexual intercourse for many young men is often with a commercial sex worker and in relative ignorance of the risk and consequences of STDs.

E. Cultural adaptation

34. Approaching these issues on a global scale will require a balance between cultural reinforcement and some degree of cultural adjustment, along with a large degree of sensitivity. Open discussion of sexuality is inherently controversial, particularly when it involves young people. Although there is a need for sex education at earlier ages, there is no set formula that will work in all communities to guide the content, timing and approach of this education. Some communities believe that open discussion of safer sexual practices promotes promiscuity, particularly among youths. To be effective, HIV/AIDS prevention activities need to be shaped at the community level through a thoughtful consensus of the views, approaches and resources of the community, supported by reliable, factual information from the health system. Such an approach, however, is time- and resource-intensive and will require determined political leadership, particularly in low-prevalence communities where the HIV/AIDS pandemic is less evident.

F. Long-term planning

35. As prevention through immunization is not likely to be globally available in this decade, other prevention strategies must be designed for the long term. Such planning requires consideration of sustainability. AIDS prevention, care and support activities must be well integrated into existing

and related programmes and services. These activities should be designed so that they can be financed and managed by the community.

36. The major social and economic impact of the pandemic will not be felt until the next decade because of the delay between HIV infection and the onset of AIDS. The additional demand this will place on existing basic health services will be staggering, particularly considering what meagre health services are currently available in the parts of the world currently most affected by HIV/AIDS. PHC and social service strategies must anticipate such impacts carefully and be implemented within the level of resources that a community will likely be able to sustain. Unfortunately, there is not an abundance of technical or planning expertise in these important areas. Steps to mobilize and expand existing expertise will need to be given highest priority.

G. Short-term intervention

37. Short-term emergency measures are required if the rate of transmission of HIV is to be reduced sufficiently to arrest the pandemic in this decade. Such efforts will require substantial support from the international community and will of necessity be less integrated initially with other health and social service efforts than they will be over time. Information and communication approaches are the most cost-effective in mobilizing the creative capacities of communities to respond within their own means. Such approaches will also require the mobilization of technical and communications expertise at global, national and subnational levels.

V. PREVENTION OF HIV TRANSMISSION IN THE 1990s: THE ROLE OF UNICEF IN ACCELERATING THE GLOBAL EFFORT

38. The WHO Global Programme on AIDS remains the closest partner of UNICEF in the field of AIDS prevention. At the country level, UNICEF will work closely with visiting WHO/Global Programme teams and increase participation in AIDS programming, reprogramming and evaluation exercises at national and subnational levels. New links with the United Nations Development Programme (UNDP) and other agencies are being forged as attention to the area of socio-economic impact of AIDS intensifies. UNICEF also collaborates with other United Nations agencies, including the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Office at Vienna, the United Nations Population Fund (UNFPA) and the International Labour Organisation (ILO), both on an agency-to-agency basis and through such mechanisms as the Inter-agency Advisory Group on AIDS, the United Nations Standing Committee on AIDS and the United Nations Steering Committee on AIDS.

39. UNICEF also shares a close working relationship with many bilateral organizations. With regard to research, UNICEF maintains close contact with individuals and institutions on the leading edge of developments in the AIDS field. To strengthen technical networking, UNICEF supports developing country

participants in global, regional and national AIDS conferences which focus on women and children. NGOs are critical partners in global efforts to prevent AIDS and in providing support for families affected by AIDS. Much of UNICEF AIDS programming is implemented with or through individual NGOs and by networking with consortia of NGOs. This maximizes opportunities for staff training, programme evaluation and information exchange.

40. "The global strategy for the prevention and control of AIDS: 1992 update" has been prepared by the WHO Global Programme, in close consultation with UNICEF and other United Nations, bilateral and national agencies. As stated in the above-mentioned report, this strategy establishes efforts "to prevent HIV infection, to provide care for the millions of men, women and children already affected and otherwise reduce the pandemic's impact on individuals and society and to mobilize ethical, sustainable and concerted action against the pandemic". The UNICEF programme approach to HIV/AIDS prevention is an extension of the global AIDS strategy and should be viewed within that context.

41. The global AIDS strategy addresses the full range of national and international activities that must be undertaken to approach the AIDS pandemic on a comprehensive basis. The UNICEF programme approach focuses on activities which, as a consequence of either experience, mandate or comparative advantage, UNICEF is in a position to undertake. That comparative advantage includes:

(a) Significant expertise in the area of communications and social mobilization;

(b) Long-standing relationships with health, education, information and other relevant ministries and non-governmental agencies which can promote an integrated approach to AIDS programming;

(c) Valuable experience gained through programmes on women in development, children in especially difficult circumstances and families affected by emergencies and disasters;

(d) Established UNICEF offices in all AIDS-affected countries in the developing world, also working at subnational levels in many countries.

42. It is a significant operational challenge for UNICEF to respond directly and forcefully to the AIDS pandemic while continuing to meet commitments to achieve the common goals for women and children adopted by the Executive Board and endorsed by the World Summit for Children. The need for additional technical, communications and programme planning expertise can be met in part by such innovative relationships as:

(a) A closer relationship between WHO Global Programme technical staff and UNICEF programmes of cooperation, with increased collaboration in the areas of planning, monitoring, evaluation and operational research;

(b) More direct relationships with bilateral agencies and their domestic technical institutions, including sharing of technical personnel, information networking and combined technical assistance operations;

(c) A more strategic and systematic approach to strengthening the capacities of NGOs to expand their operational roles in HIV/AIDS-related activities;

(d) More effective intercountry and interregional networking of UNICEF programme staff to improve information and experience exchange, technical support and strategy and programme development.

VI. UNICEF PROGRAMME APPROACH TO HIV/AIDS PREVENTION

43. AIDS will likely remain a major public health problem, particularly in the developing world, for decades to come. UNICEF programmes of cooperation in virtually every country will need to reorient activities during this decade to incorporate effectively measures for HIV prevention and community-based care and family support. Programmes must anticipate and take the necessary steps to reduce the impact of HIV/AIDS on the goals for women and children established by the World Summit for Children.

44. The UNICEF programme approach for HIV/AIDS prevention is based on the following: field experience accumulated since the mid-1980s; existing collaborations with the WHO Global Programme, bilateral agencies and national organizations working in AIDS-related activities; and the deliberations of two UNICEF-sponsored global AIDS strategy meetings in 1990 and 1991 involving UNICEF staff and WHO Global Programme and other technical experts from both developing and industrialized countries.

45. The UNICEF programme approach is based on two major premises:

(a) The long-term impact of AIDS on the common goals for MCH for the year 2000 can best be addressed by expanding actions with other partners to support strategies that strengthen community-financed and community-managed public health and social service systems (e.g., revitalizing health systems through the Bamako Initiative) to emphasize the reproductive health of women and youth and to improve their access to services and information;

(b) The long-term impact of AIDS can be substantially reduced with a rapid acceleration of HIV prevention information, education and communication activities, which build on existing knowledge and experience, provided adequate international resources, both technical and financial, can be mobilized.

A. HIV prevention: informing, mobilizing and protecting youths

46. To end the HIV/AIDS pandemic within this decade requires reaching young people, for whom HIV rates of transmission continue to rise. Increasingly, young people are beginning sexual relationships at an earlier age, before they are aware of the potential health and social consequences and before they are physically or emotionally mature. Young people who begin sexual relationships early are less likely to have a stable, long-term relationship and are more likely to have a greater number of sexual partners over time than those who delay sexual relations. Social, economic and peer influences often pressure young people into beginning sexual relationships before they would choose to do so. Particularly when those relationships are with significantly older partners, the decisions of youths are often influenced by dependence, coercion or exploitation.

47. Gender disparity becomes especially apparent during adolescence, as young women from 15 to 19 years of age are at substantially higher risk of HIV transmission than young men of the same age-group. This is particularly the case among young women who leave school before most of their peers. The higher risk of HIV transmission can be directly related to poor economic status and lack of income-generating skills, which place both them and their future children in a state of economic dependency on the sexual partner. In such circumstances, even when young women are fully aware of the risk of HIV transmission, they are often not fully empowered to act to reduce those risks.

48. Young people are often more able than adults to demonstrate resilience under adversity and have a greater capacity to adapt their thinking and behaviour to new challenges. UNICEF efforts will thus seek to promote an environment that is supportive of youth, which guards against their exploitation and which provides the necessary information concerning reproductive health and the transmission of HIV. In such an environment, the incidence and impact of HIV/AIDS will decline progressively among youths and the general public.

Advocacy and analysis

49. UNICEF advocacy with government, community and traditional leadership, as well as with young people themselves, will promote a better understanding of the importance of HIV prevention activities directed towards youths and, in particular, the need to focus on the status of young women. These efforts will seek to create a social environment conducive to reducing HIV transmission and to addressing other important MCH issues as well. UNICEF will support research to better understand local social practices, customs and circumstances that have an impact on the early sexual activity of young people and the risk of HIV infection. Again, particular attention will be paid to analysing the situation of girls and young women whose socio-economic status places them at highest risk. UNICEF advocacy will seek to delay sexual activity among youths, improve their access to health and social services, support youth-led initiatives in peer education and support and promote

such innovative youth-to-youth communication vehicles as drama, music and the media, within the context of the cultural values of the society.

In-school youths

50. At the global level, UNICEF will work closely with the WHO Global Programme and other agencies and organizations to identify successful examples of in-school programmes that can inform youths about the risk of HIV transmission. Although in-school youths are usually at lower risk, school-based programmes can make major contributions to HIV prevention. They can increase general awareness among students and their families of HIV/AIDS and inform young people of the health benefits of delaying sexual activity and maintaining a mutually faithful sexual relationship thereafter. Schools can also assist in reducing the social stigma associated with HIV/AIDS by emphasizing that casual contact does not pose a threat of HIV transmission and by teaching the importance of having compassion for individuals and families affected by HIV/AIDS. In addition, in-school youths can serve as important information vehicles to families, out-of-school youths and communities at large.

51. At the country level, UNICEF will work with government counterparts and religious and community organizations to strengthen existing programmes and to develop culturally appropriate approaches that have proved successful in other settings. UNICEF will emphasize in-school programmes that address supportive relationships, fairness and gender issues in age-appropriate ways beginning with young students; integrate HIV prevention information into broader-based reproductive health education for older students; seek to improve life-counselling skills of teachers and students; and encourage creative student participation in the design and implementation of these programmes.

Youth organizations

52. Youth organizations are often readily available to facilitate the person-to-person interactions required to communicate sensitive information effectively in a culturally appropriate fashion. Reflecting the energies and idealism of young persons, many such organizations are effective in promoting social changes, developing informal support systems and training youth leaders who are important role models for their peers. In addition to communicating with their own membership, youth organizations are important outreach vehicles to other youths in the community who might otherwise be difficult to reach. These organizations also provide a forum for working with adults in the community. These partnerships can facilitate the access of youths to such health and social services as counselling and the treatment of STDs.

53. UNICEF-supported activities will include providing technical assistance to youth organizations in order to assist them in the following:

(a) Establishing or strengthening health education activities to include HIV prevention and other important reproductive health issues;

(b) Establishing or strengthening leadership training activities to enhance skills required for conflict resolution, improving interpersonal communication and avoiding gender stereotyping;

(c) Enhancing the outreach capabilities of their membership to serve as peer educators and counsellors in effectively communicating HIV prevention information to other youths and in creating social support for protective behaviour;

(d) Networking with other youth organizations to share information and experience in HIV prevention activities;

(e) Building the partnership skills required to work with community leaders to improve the access of youths to health and social services and to improve their organizational capacities for programme design, monitoring, evaluation and resource mobilization.

Difficult-to-reach youths

54. Children and youths at highest risk of HIV infection are also the most difficult to reach - street children, youths displaced by war and disasters and abused or neglected children. From among those young people will come the next generation of most commercial sex workers and drug addicts whose desperate efforts to escape the oppression of poverty and neglect will propel them down the path of exploitation, where their transient escape with money or drugs will encourage HIV transmission. HIV infection among young prostitutes exceeds 80 per cent in some areas. Younger prostitutes are less likely to understand their personal risk of HIV infection and are less able to negotiate effectively with their older clients for safe sexual practices.

55. At global and interregional levels, UNICEF would seek to expand the capacities of NGO networks and to support local NGOs in adopting and strengthening HIV prevention activities. Most UNICEF country programmes of cooperation that address the problems of children in especially difficult circumstances provide support to joint government and non-governmental coordinating bodies. These groups form a network for advocacy and for raising awareness. UNICEF will intensify efforts with these bodies to create a more supportive and protective environment for youths and to promote enforcement of the Convention on the Rights of the Child, particularly with regard to eliminating the exploitation of youths in prostitution.

56. At the national level, UNICEF-supported activities for HIV prevention among difficult-to-reach youths will focus on working with NGOs to expand such existing outreach channels as literacy and enterprise programmes and health and social services. Efforts will also be made to strengthen the capacity of NGOs to enumerate at-risk youths as a step towards better quantifying the extent of the problem, better targeting resources and services and improving the monitoring and evaluation of methods of intervention. An alternative approach to reaching youths not serviced by existing programmes is the development of leadership and communication skills among street youths.

Measurable goals for youths

57. UNICEF will continue to work closely with the WHO Global Programme to develop measurable goals and indicators to impede HIV transmission among young people. The urgency of the problem posed by HIV transmission to youths and the nature of available resources require that initial efforts be concentrated in the area of information. Information interventions can be more rapidly implemented at much lower cost than the subsequent building of services and systems. Although communication efforts are more effective when information and services are integrated, information alone can also stimulate and reinforce behavioural change. Early indicators of effect will focus on measuring young persons' knowledge of prevention; delaying the first sexual encounters; and warning of the risks of multiple sexual partners. Later indicators will measure the access of young persons to STD treatment and the availability and use of condoms. Impact indicators among youths will include the rates of HIV sero-prevalence, STD prevalence and teen pregnancy. The use of these measurable indicators will assist in the mobilization of resources and will focus programme implementation more sharply on those youths at greatest risk.

B. Risk reduction: the promotion of reproductive health

58. The promotion of reproductive health is an important but often neglected MCH intervention that can have substantial impact in preventing HIV transmission. In countries where HIV/AIDS prevalence is low, creative STD control programmes can contain HIV transmission effectively. In countries where HIV/AIDS prevalence is high, creative STD control programmes are also needed to reduce HIV transmission. UNICEF, in close collaboration with WHO and other partners, will focus its reproductive health activities on the prevention of STDs and the accessibility of STD treatment among women and youths.

Primary prevention

59. Preventive health and, particularly, the prevention of STDs will be given high priority in UNICEF-supported programmes. Youth education activities have been outlined, including advocating a responsible approach to sexuality that emphasizes mutual fidelity and, when required, the appropriate use of condoms. UNICEF will work closely with other partners to develop and evaluate community-based educational approaches to prevention, including the use of existing PHC outreach workers and newly trained village-based peer educators. In some circumstances, these health education activities may need to be coordinated with social marketing activities of collaborating organizations.

Diagnosis and treatment of sexually transmitted diseases

60. Even when treatment for STDs is available, and the need understood, women and youths are less likely than men to seek it because of the associated social stigma and the lack of financial resources to pay. UNICEF will work with the WHO Global Programme and others to integrate the diagnosis and treatment of STDs into women's health services and to identify strategies to extend these services to the community level. At global and interregional levels, UNICEF will work with the WHO Global Programme and other interested partners in assessing the need for supplies to diagnose and treat STDs. UNICEF will also work with partners to facilitate the global supply and distribution of needed antibiotics and supplies, using a sustainable financing approach.

C. Sustainability: strengthening community organizations and integrating programme interventions

61. In view of the fact that the major impact of the AIDS pandemic on health and social services will not be felt until the next decade, institutions and systems must begin to adopt and reorient their approaches now if they are to be sustained through future decades. The impact of AIDS on the work force will dramatically increase demand for services and will severely constrain the economic base. UNICEF will work closely with Governments and the United Nations and other agencies and organizations to anticipate and respond to those needs. In general, UNICEF will pursue strategies that seek to integrate HIV/AIDS activities with other programme interventions in the context of PHC and which are carried out by local NGOs.

AIDS orphans

62. Of particular importance in lessening the long-term impact of HIV/AIDS on societies are appropriate strategies to care for the growth and development of children orphaned by AIDS. Nearly two out of three children born to HIV-infected mothers will not be infected. However, they are likely to be subject to very significant hardship and developmental trauma, later if not at once, as their parents become financially and physically incapacitated by AIDS and eventually die. Surviving children will often experience interruption of schooling, abject poverty, social stigma, the loss of siblings and other family members, anxiety from misunderstanding their own HIV/AIDS risk and, in some cases, abandonment or exploitation.

63. UNICEF will continue to work closely with Governments and NGOs to develop and evaluate community-based approaches to the support and social services required by a growing number of children orphaned or otherwise affected by HIV/AIDS. In general, those efforts will focus on the role of the community in facilitating the growth and development of these children through the care of extended or adoptive families. They will emphasize that the success and viability of family efforts will be of substantial future benefit to the overall community and that reducing the social stigma associated with HIV/AIDS

is important for both AIDS-affected children and for the long-term prevention of HIV transmission within the community. In addition, these UNICEF-supported activities will encourage the inclusion of appropriate information components so that children affected by AIDS understand that they are not at risk of HIV transmission from casual contact with their family members. They will also learn how to reduce their risk of infection in future sexual relations.

64. UNICEF efforts will emphasize the major role religious and community organizations can play in non-institutional approaches to the care of AIDS orphans, and the particular need for vocational training so that these children will be able to support themselves financially.

Non-governmental organizations

65. Local NGOs are perhaps the most effective organizations to provide care and services to AIDS-infected individuals and their families, as they are well-established and can expand their activities as needed. UNICEF will work with networks of NGOs to carry out necessary operational research and to provide technical and organizational assistance. This assistance will include efforts:

(a) To improve quantitative programming skills in planning, evaluation monitoring and operations research;

(b) To expand networking among local NGOs to facilitate information and collaboration;

(c) To strengthen the counselling, communication and mobilization skills of outreach workers;

(d) To improve fund-raising and financial management capabilities;

(e) To emphasize the building of community solidarity so that long-term HIV prevention needs are served;

(f) To develop approaches for the effective participation of persons with AIDS in advocacy, communication, mobilization and leadership activities.

66. In addition, UNICEF will work with Governments to improve communications between NGOs and the public sector and to increase the recognition of the role of NGOs in addressing the impact of HIV/AIDS.

Primary health care system

67. The dramatic increase in AIDS cases over the next decade will have a major impact on health care systems. Health care workers at all levels will be in contact with more HIV/AIDS-affected individuals. UNICEF-supported training of health workers will be systematically reviewed to ensure that there is an increased emphasis on preventing the spread of the virus within clinical settings, increasing knowledge of the diagnosis and treatment of

AIDS-associated opportunistic infections, improving AIDS counselling skills for patients and their families, and training family members and community volunteers to provide care and support to people with HIV/AIDS.

68. As the number of AIDS patients grows, demands on in-patient and out-patient medical services will increase substantially, while funding to pay for those services will shrink. Implementation of Bamako Initiative strategies to revitalize health systems, emphasizing community participation, financing and management, will need to be accelerated in endemic areas. Notwithstanding those efforts, sustaining health care systems in the most endemic areas presents a major challenge and is likely to require some level of continuing external support. Additional attention will be given to the increased demand for essential drugs required to treat tuberculosis and other infections that accompany AIDS and to the increased demand for treatment of STDs, which will be generated by health promotion activities.

School systems

69. UNICEF will work with other partners to support government efforts to assist schools in adapting to the growing impact of HIV/AIDS. In addition to supporting curriculum development and the related HIV-prevention activities already described, UNICEF advocacy, technical assistance and operations research will address the need to assure the continuing education of children from families affected by AIDS. The schooling of girls and young women, in particular, will be affected by a shift of family care responsibilities from parents to children. Increasing financial pressures are likely to force some children into early employment and put school fees and expenses beyond the means of many affected families. UNICEF will focus attention on efforts of schools to reduce the social stigma of AIDS and to promote a sensitive and compassionate response of students to other students, families and teachers who are affected by HIV/AIDS.

D. Programme acceleration: improving measurement and experience exchange capacities

70. Efforts to stem the spread of HIV/AIDS are often impeded by differing ideologies with regard to approach, local customs and a relative scarcity of proven successful approaches. The major challenge presented by the HIV/AIDS pandemic is to respond as rapidly as possible with what is currently known, while simultaneously testing new approaches. Reliable data on existing interventions are required for more effective advocacy and policy-making. For these reasons, UNICEF programming will place major emphasis on improving measurement capabilities and promoting a more systematic approach to the exchange of information and experiences.

71. A strong partnership will be established between UNICEF and the WHO Global Programme on AIDS to coordinate country programme monitoring and evaluation efforts. Ongoing evaluation components will be included at the onset of UNICEF-supported programme activities and periodically reviewed on a

multi-country and multi-agency basis. Intercountry and interregional networking will improve the access of programme managers to technical expertise, promote better peer review of evaluation and operations research proposals and assure the long-term technical sustainability of HIV/AIDS programming. An obstacle to accelerating HIV/AIDS programme implementation rapidly in the short term is likely to be the limited availability of technical resources at interregional, regional and national levels. Programme initiation will be personnel-intensive and some additional UNICEF technical staff will be needed. Expanded operational linkages between UNICEF and WHO and bilateral and national agencies will both provide scope for programme acceleration and place additional demands on UNICEF technical and programme personnel.

E. Moving to scale: containing the pandemic by the year 2000

72. The current WHO Global Programme on AIDS projections of the severity of the HIV epidemic by the year 2000 should compel the entire world community to redouble its efforts. While it may not be possible to stop the transmission of HIV during this decade, it is possible to contain the pandemic. The operational challenge is to put in place rapidly the programmes and policies that will stabilize the rate of transmission of HIV during this decade and lead to a progressive decline in the rate of transmission in successive years. In view of the considerable knowledge acquired in the last decade on both HIV/AIDS and social mobilization for health programmes, this now appears to be an achievable goal.

73. The HIV/AIDS pandemic cannot be contained simply by expanding pilot projects. UNICEF support will focus on demonstrating the impact and cost-effectiveness of various options within operational settings, and work with others to move the most successful approaches to scale. Particular attention will be given to the development of approaches that build on existing systems and that can be integrated over time into the ongoing activities of those institutions with the broadest community access, such as schools, religious institutions, youth and community organizations and the mass media.

74. Many UNICEF country programmes of cooperation currently support HIV/AIDS activities and an increasing number plan to do so in the future. Intensive HIV prevention activities will be initiated in selected countries, which will be the initial focus of the UNICEF HIV/AIDS technical support team. The purpose of these initial intense efforts are to develop further an operational approach to undertake prevention intervention programmes on a larger scale. Thereafter, the number of emphasis countries will be expanded every 12 to 18 months as institutional learning progresses and additional resources are mobilized.

VII. RECOMMENDATIONS

75. Recognizing the major impact of the HIV/AIDS pandemic on global public health and on achieving the common goals for women and children adopted by the Executive Board and endorsed by the World Summit for Children, the Executive Director recommends that UNICEF intensify and expand its support to HIV/AIDS prevention activities, working in close collaboration with Governments, WHO, bilateral agencies, NGOs and other partners.

76. It is further recommended that UNICEF-supported programmes:

(a) Focus on efforts that relate most directly to achieving measurable goals in the reduction of HIV transmission among young people;

(b) Support information and communication efforts to reach young people through religious, community and youth organizations and through the mass media, to promote informed and responsible sexual behaviour as the primary approach to containing the pandemic;

(c) Seek more vigorous promotion of the Convention on the Rights of the Child, particularly as it relates to the protection of children and youth from exploitation by prostitution;

(d) Support efforts to promote the improved reproductive health of women and youth, and undertake further efforts to integrate HIV prevention and care interventions within existing youths and MCH programmes;

(e) Support the acceleration of strengthening PHC systems in AIDS endemic areas, following the principles of the Bamako Initiative, in order to expand local capacity to increase AIDS prevention actions, prevent and treat STDs, particularly among women and youth, and to treat the infections accompanying AIDS;

(f) Work to expand the capabilities and promote a more central role for NGOs in HIV/AIDS-related activities;

(g) Support the development and evaluation of community-based approaches to providing necessary support and social services to AIDS orphans and families affected by HIV/AIDS;

(h) Strengthen technical cooperation with WHO and other international, bilateral and national partners working to improve operations research, monitoring, evaluation and information and experience exchange at country and intercountry levels.